



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 26506		2. Exact name of the Corporation HOMENETMEN ARMENIAN GENERAL ATHLATIC AND SCOUTS			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address P.O. BOX 8623		City CRANSTON	State RI	Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHRISTOPHER KRIKORIAN			Vice-President Name HRANT KHATCHADOURIAN		
Street Address 86 crest drive			Street Address 16 kiki drive		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
Secretary Name HAMAZAST RACHDOUNI			Treasurer Name HARUOT TARAKSIAN		
Street Address 73 council rock rd.			Street Address 100 midvale rd.		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHRISTOPHER KRIKORIAN			Director Name HRANT KHATCHADOURIAN		
Street Address 86 crest drive			Street Address 16 kiki drive		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
Director Name HAMAZAST RACHDOUNI			Director Name HAROUT TARAKSIAN		
Street Address 73 council rock rd.			Street Address 100 midvale rd.		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 BY _____

FILED
 JUN 04 2013
 2164

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Christopher Krikorian 5-31-13
 Signature of Officer Date

CHRISTOPHER KRIKORIAN

Print or Type Name of Officer

PRESIDENT

Title of Officer